



# Application for Commercial Forest Practitioner Certification

Please complete and return to:

BUREAU OF NATURAL RESOURCES  
DIVISION OF FORESTRY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET (6th floor, west wing)  
HARTFORD, CT 06106-5127  
TEL: 860-424-3630

## For official use only

<input type="checkbox"/> FPH	<input type="checkbox"/> SFPH	<input type="checkbox"/> F #
<input type="checkbox"/> EE	<input type="checkbox"/> O	<input type="checkbox"/> G

Please check the appropriate box:

- ☐ This is a new application  
☐ This is a renewal application

## Part I. Applicant Information

1. Please provide the following information regarding the applicant.

Name:

Last

First

Middle

Address of residence:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Mailing Address (if different):

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Social Security Number:

Date of Birth:

2. Please provide the following information regarding each employer for whom you engage in Commercial Forest Practices.

Employer's Name:

Employer's Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Your supervisor's name and telephone number:

Name:

Business Phone:

ext.

- ☐ Please enter a check mark if additional sheets are required. If so, please reproduce this sheet, and label, and attach additional sheet(s) with the required information to this sheet.

## Part I. Applicant Information (continued)

3. For applicants who engage in Commercial Forest Practices under a business name, please provide the following information for each business under which you engage in Commercial Forest Practices.

Business Name:

Business Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

- ☐ Please enter a check mark if additional sheets are required. If so, please reproduce this sheet, and label, and attach additional sheet(s) with the required information to this sheet.

4. For applicants who do not engage in Commercial Forest Practices for an employer or under a business name please provide the following information regarding each name or entity under which or for whom you engage in Commercial Forest Practices.

Name of Entity:

Entity Address:

City/Town:

State:

Zip Code:

Entity Phone:

ext.

Fax:

## Part II. Certification Level/Exemptions/Examination

Please indicate in the appropriate box the type of certification for which you are applying. See *General Information About Commercial Forest Practitioner Certification* of the application instructions for a description of the different types of certification.

- ☐ Forester                      ☐ Supervising Forest Products Harvester                      ☐ Forest Products Harvester

- ☐ Please check here if you are unable to read and are applying to take the oral examination. (If this box is checked, the person preparing this application must sign and complete Part IV.)

- ☐ Please check here if you are seeking certification as a Forest Products Harvester but are applying for an exemption from the examination. An applicant applying for this exemption must complete Attachment A and submit it along with this application.

- ☐ Please check here if you are a state or municipal employee applying for an exemption from payment of the application and examination fees.

- ☐ Please check here if you are applying to take the examination after failing to pass a previous examination for the same type of certification or after failing to appear for a scheduled examination.

If you already possess one or more Connecticut Forest Practitioners certificates, indicate all of your certificate number(s):

### Part III. Additional Registration, Certification, License Information and Background Information

For each state in which you are currently or have previously been registered, certified or licensed as a forest practitioner indicate: (a) your registration, certificate or license identifier (i.e., number); (b) whether you are still registered, certified, or licensed; and (c) if you are no longer registered, certified, or licensed indicate why.

Have you ever been convicted of a felony associated with the conduct of a forest practice?

☐ Yes ☐ No If yes, give dates and explain:

Have you ever received a cease and desist order, citation, or other administrative order from any federal, state, or local agency for conduct associated with a forest practice within the past 3 years?

☐ Yes ☐ No If yes, give dates and explain:

Have you ever had a registration, certification or license as a forest practitioner denied, revoked or suspended in another state?

☐ Yes ☐ No If yes, give dates and explain:

"I have personally examined and am familiar with the information submitted in this document and all attachments and certify that, based on reasonable investigation, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in this application or its attachments may be grounds for denial, suspension, or revocation of a certification."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Part IV. If an applicant is unable to read and has requested to take an examination orally, the person preparing this application must sign and provide the information asked below.

"I declare under penalty of false statement that I have completed this application based upon the information provided by the applicant and that to the best of my knowledge and belief the information in this application is true, complete and correct."

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

Preparer's Address:

City/Town:

State:

Zip Code:

Preparer's Phone:

ext.

Fax:

## Attachment A: Forest Products Harvester Examination Exemption

*This form is to be completed only if you qualify for the Forest Products Harvester Examination Exemption.*

Applicant's Name:

Last

First

Middle

Social Security Number:

Please reproduce and complete this Attachment for each employer for whom you were employed by, or for whom you contracted to in the engagement of commercial forest practices *and/or* for each landowner for whom you engaged in commercial forest practices.

### Part I. Employer or Landowner Information

Please check one of the following:

☐

Employer

☐

Landowner

1. Name:

2. Address:

City/Town:

State:

Zip Code:

3. Business Phone:

ext.

Fax:

Contact Person:

Title:

4. The dates during which you performed commercial forest practices:

From:

To:

5. The estimated hours you worked per week performing commercial forest practices:

6. Briefly describe the commercial forest practice being performed (timber harvesting, tree planting, timber stand improvement, amount of volume harvested, acres planted, etc.):

7. Indicate the town(s) in which the commercial forest practice(s) were performed:

## Part I. Employer or Landowner Information (continued)

8. Describe fully your role in the performance of the commercial forest practice noted above. For example: operated skidder, planted trees, operated a chain saw, etc.

9. Did you receive remuneration (payment) for engaging in the activities described in number 8 above?

☐ Yes ☐ No

"I hereby certify under penalty of false statement that the above information related to forest practices

performed by \_\_\_\_\_ for \_\_\_\_\_

is true to the best of my knowledge and belief."

\_\_\_\_\_  
Employer or Landowner Signature

\_\_\_\_\_  
Date

☐ Please enter a check mark if additional sheets are required. If so, please reproduce this sheet, and label, and attach additional sheet(s) with the required information to this sheet.

## Part II. Applicant Certification

"I have personally examined and am familiar with the information submitted in this document and all attachments and certify that, based on reasonable investigation, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in this document or its attachments may be grounds for denial, suspension, or revocation of certification."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date